

# Media Consent

This form is intended to inform you of your rights and to protect them. If you have questions, please talk to the person helping you with the form.

- I give permission for Northwest Kidney Centers to record, reproduce and distribute photographs, video, audio, written statements or quotes from me in print, broadcast media or online. I authorize the use of this information together with my name for uses such as:

Education of patients, staff or the public about the causes and treatment of kidney disease and/or kidney donation and transplant; publicity associated with fund-raising, kidney research or special events.

- I realize that I will not be compensated in any way for my time or for the production of articles, photographs, audio and/or videos.
- Northwest Kidney Centers will not make me sign this agreement to get treatment, or as a payment on any bills. Signing or not signing won't have any effect on my health insurance coverage.
- If I am a patient, I understand that once my information is shared publicly, it may no longer be protected by patient privacy laws.
- I understand I can take back my permission at any time except for information already released. To cancel this agreement, I will contact Northwest Kidney Centers Communications department.
- I understand that I am entitled to a copy of this form.

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Name of individual

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Address

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City

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State

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Zip code

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Signature of individual, guardian or representative

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Email address

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Representative's relationship to individual

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Phone number

**Northwest Kidney Centers**

Forms and Attachments/Administration/Media Authorization Form

**Help us find this photo in our files**

Date of photo shoot: \_\_\_\_\_ Place: \_\_\_\_\_

Photographer: \_\_\_\_\_

Physical description of photo subject (ethnicity, hair color, clothing):

Person’s connection to Northwest Kidney Centers (include the clinic, if applicable):

Correct spelling of names for everyone in photo and their relationship to main subject:

Check all that apply:

- In-center dialysis patient
- Special care
- Home hemodialysis patient
- Peritoneal dialysis patient
- Transplant recipient
- Kidney donor
- Staff member
- Physician
- Volunteer (board member, for example)
- Financial donor

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If you change your mind in the future, sign below and return the form.

- I no longer want to allow Northwest Kidney Centers to use my image or information. (Sign and date below to take back your permission).

Patient signature (required)	Date (required)

Return a copy of this form to [Communications@nwkidney.org](mailto:Communications@nwkidney.org) or  
Communications, Northwest Kidney Centers, 12901 20th Ave S, SeaTac, WA  
98168